



Michigan Career Education Conference  
February 8, 9, and 10, 2009

# Presentation Proposal Form

Deadline: October 27, 2008



Fax to: (231) 591-3539 or email to [caps@ferris.edu](mailto:caps@ferris.edu)

**Directions:** Download this WORD form at <http://cps.ferris.edu>. Open the form using Microsoft Word. When completing the form, press the TAB key to move from field to field. Attach the completed proposal to an e-mail addressed to [caps@ferris.edu](mailto:caps@ferris.edu) or fax the completed proposal to (231) 591-3539. You may also mail it to 410 Oak Street, ALU 113, Big Rapids, MI 49307. All submissions must be received by **October 27, 2008**.

**Session Title:** \_\_\_\_\_

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### Lead Presenter:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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### Co-Presenters:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Affiliation \_\_\_\_\_  
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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## Presentation Content

**Please choose *ONE* category that *BEST* describes the content of your session:**

- ☐ Administration/Leadership
- ☐ Business and Industry/Apprenticeships/Labor Market/Emerging Careers
- ☐ Career Development/Counseling
- ☐ Community College/Postsecondary
- ☐ High School Redesign/Curriculum/Career Clusters
- ☐ Special Pops/Special Needs/Special Education

**Room Setup** (*Chairs will be arranged in rows unless indicated here.*)

**My preference is:** \_\_\_\_\_

## Equipment Needs

- **LCD projectors will be provided if requested.**
- **Computers and specialized equipment must be provided by presenters.**

**Please check additional equipment needs:**

- ☐ VCR, DVD, and monitor
- ☐ Table or cart with electricity for specialized equipment
- ☐ LCD Projector
- ☐ Internet Access

## Presentation Summary

Please provide a brief (50 words or less) summary describing the content and presentation strategies for your session. If your proposal is chosen, this summary will appear in the conference program.

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Are you applying to be a presenter in another session? ☐ Yes ☐ No

If yes, please indicate the lead presenter and session title:

Lead Presenter: \_\_\_\_\_

Title: \_\_\_\_\_

**Please note that all presenters and co-presenters must pay conference registration fees and wear a registration badge. If you have any questions regarding this form, contact Summer Carpenter at (231) 591-5820 or e-mail [SummerCarpenter@ferris.edu](mailto:SummerCarpenter@ferris.edu).**

Auxiliary aids and services are available to individuals with disabilities upon request  
Contact Conference and Professional Services, Ferris State University, by October 27, 2008  
Telephone (800) 562-9130, Ext. 5820 or (231) 591-2340  
You may also e-mail to [caps@ferris.edu](mailto:caps@ferris.edu) or fax to (231) 591-3539